



C I T Y O F A T L A N T A

**OFFICE OF CONTRACT COMPLIANCE
55 TRINITY AVENUE, SW, SUITE 1700
ATLANTA, GEORGIA, 30303
OFFICE (404) 330-6010
FAX (404) 658-7359**

THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION RECERTIFICATION AFFIDAVIT

Dear EBO Re-Certification Applicant:

It is the responsibility of Certified M/FBE'S to submit a RE-CERTIFICATION AFFIDAVIT no later than two months prior to the expiration date of your previous certification.

If you wish to be re-certified, please complete the attached EBO Re-Certification Affidavit. Your signature must be notarized on the last page of the affidavit, and returned to the Office of Contract Compliance along with a copy of your current business license, list of current projects, and equipment. Be advised that other documents may be requested in order to complete the processing of your re-certification affidavit.

If you are interested in becoming a certified participant in the City of Atlanta Disadvantaged Business Enterprise (DBE) Program as a Disadvantaged Business Enterprise, contact the Office of Contract Compliance to request an application.

Please return your re- certification package to:

**City of Atlanta
Office of Contract Compliance
55 Trinity Avenue, S.W.
Suite #1700
Atlanta, Georgia 30303**

If you have any questions please contact the Office of Contract Compliance at (404) 330-6010.

Accounting
Advertising/Marketing
Airport Services
Architecture
Asbestos Abatement
Attorneys
Audio Visual Services/Audio Visual
Supplies
Automotive Sales/Supplies/Services
Background Investigation
Banners/Tents
Bridges/Tunnels
Business Consultant
Cable Services
CADD
Carpentry
Catering
Chemicals
City Planning/Urban Design
Computer Services
Computer Supplies
Concessions
Concrete/Paving
Construction Management
Construction Steel
Construction Supplies
Counseling
Courier/Mailing Services
Data Processing
Debt Collection
Demolition
Development
Drywall
Educational Services
Electrical Contracting
Electrical Supplies
Elevator Services
Employment Services
Engineering
Environmental Consultant
Equipment Supplies
Erosion Control
Excavation
Facilities Management
Fencing
Film Production
Financial Services
Fire Protection
Flooring
Food Supplies
Gas/Oil
General Construction/General Contracting

Geotechnical Engineering
Glass Services
Goods Supplies
Grading
Hauling
Hazardous Material Management/Removal
Healthcare Services
Heavy Construction
HVAC
Hydraulics
Insulation
Insurance/Bonding
Interior Construction
Interior Design
Janitorial Services
Janitorial Supplies
Landscaping
Mapping
Masonry
Medical Supplies
Moving/Storage Services
Noise Abatement
Office Furniture/Office Supplies
Painting/Wall Covering
Parking Management
Pest Control
Photography
Pipelaying/Piping
Plumbing
Pressure Cleaning
Printing/Graphics/Publishing
Professional Training
Promotions
Property Management
Public Relations
Real Estate
Recycling
Renovations
Retail Food
Retail Goods & Services
Roofing
Security Services
Signage
Special Event Planning
Stenography/Court Reporting
Telecommunication Services
Towing Services
Traffic Control
Transportation Services
Trash Removal
Uniforms
Utilities Construction

Valet Parking
Vehicle Cleaning
Vending
Water Meter Service/Repair
Water/Sewer
Welding

As of November 13, 2002

EQUAL BUSINESS OPPORTUNITY (EBO)

RE-CERTIFICATION AFFIDAVIT

Name of Business Enterprise:

Address:

City, County, State, Zip Code:

Principal Place of Business at time of Previous Certification:

Project Pending: _____yes _____no

Name of Project: _____

FC# _____ Bid Date: _____

Controlling Owners Ethnicity is:

_____ African American Business
Enterprise

_____ Asian Business Enterprise

_____ Female Business Enterprise

_____ Native American
Business Enterprise

_____ Hispanic Business Enterprise

The Legal Form of Business is:

_____ Corporation

_____ Partnership

_____ Limited Partnership

_____ Sole Proprietor

_____ Limited Liability Co.

Select from the business categories on the list included with this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER.

In an effort to become RE-CERTIFIED for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM, applicant offers the following information as evidence of its qualifications:

1.

The name of the principal owner, partner, corporate officer or manager (in

the case of an LLC) is: _____

Title: _____ Office# (____) _____

Pager#: (____) _____ Mobile #
(____) _____

Email Address: _____

Is the principal owner a citizen of the United States? _____yes _____no

If NO, is the principal owner a lawful permanent resident of the United States?
_____yes _____no

2.

The Mailing Address of the Enterprise: _____

City	County	State	Zip Code
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Principal Place of Business of the Enterprise: _____

City County State Zip Code

Telephone: () _____ Fax: () _____

3.

List the first year and most recent year this enterprise was certified by the City of Atlanta:

First year _____ Most recent period of certification _____ EBO Cert. # _____

4.

Has this business enterprise been certified by other M/FBE Programs?

_____yes _____no

If YES, attach documentation.

5.

Has this business enterprise been denied certification by other M/FBE Programs?

_____yes _____no

If YES attach documentation.

6.

Has there been any change in the ownership of this business enterprise since its most recent City of Atlanta EBO Certification? _____yes _____no

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation, which supports the charges. _____

7.

Has there been any change in the management of this business enterprise since its most recent City of Atlanta EBO Certification? _____yes _____no

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation, which supports the changes_____

8.

Has there been any change in the type of business being conducted by the business enterprise since its most recent City of Atlanta EBO Certification?

_____yes _____no

If YES, list capabilities in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation, which supports the changes._____

9.

The name (s) and capacity of those persons authorized to sign checks from the main (operating) checking account are as follows:

Name	Capacity	Name of other joint signatories required
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10.

If a **Corporation**, state number of shares of stock authorized to be issued by Articles of Incorporation, names of current stockholders, and number of shares of stock held by each. If **Sole Proprietor, General Partnership, Limited Partnership, Limited Liability Company**, provide percentage of ownership to designated individual.

The undersigned does hereby swear or affirm that the foregoing statements and attachments are true, accurate, complete and include all material information necessary to identify and explain the operation of:

Name of enterprise:

Further, the affiant restates and incorporates herein the complete oath, which was asserted in its original EBO AFFIDAVIT as submitted previously to The Office of Contract Compliance.

This _____ **day of** _____ **20**_____

_____ **in his/her capacity as**
Name of Owner/Principal:

_____ **of** _____
Title: _____ **Name of Enterprise:**

Sworn To and Subscribed Before Me, this _____ **Day of** _____

Notary Public (include stamp and seal)

CITY OF ATLANTA
Contract Employment Report

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME OF FIRM: _____
No. _____

TELEPHONE _____

NAME OF OWNER: _____

FAX NO. _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ **COUNTY:** _____

ZIP CODE: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICATION FROM THE CITY OF ATLANTA?

PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sal es		Craftsmen/Labore rs	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Native American										
Hispanic										
Other										
TOTAL										

I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.

DATE

PRINT PREPARER'S NAME

PREPARER'S SIGNATURE

TITLE